



Presentation to the 2015 Health and Human Services Joint Appropriations Subcommittee

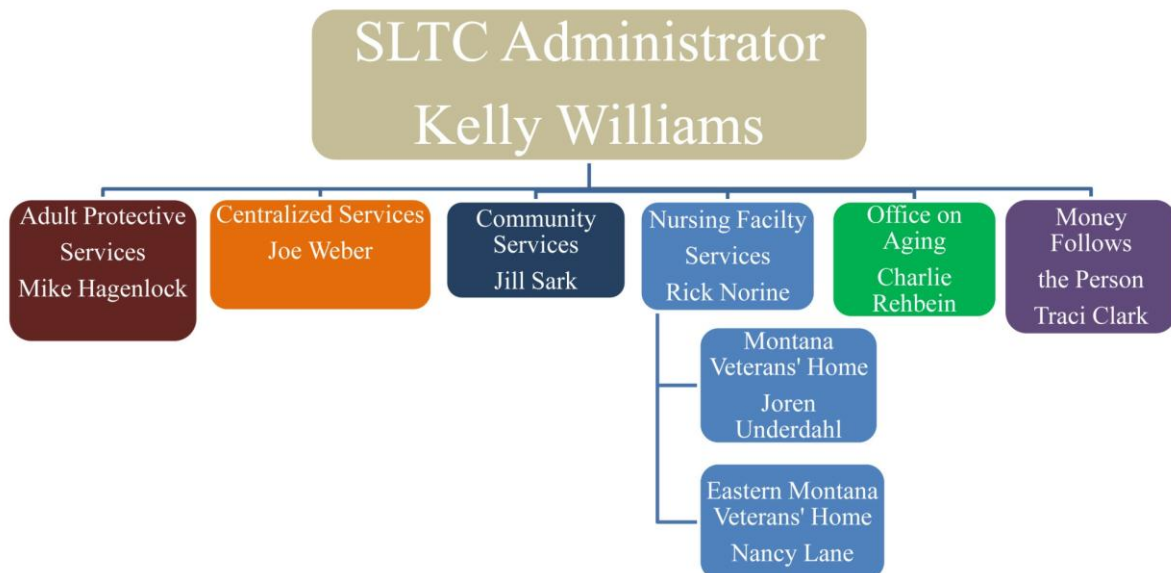
SENIOR AND LONG TERM CARE DIVISION

Medicaid and Health Services Branch
Department of Public Health and Human Services

Reference:

Legislative Fiscal Division Budget Analysis, Volume B, Page 103-125

Organizational Chart

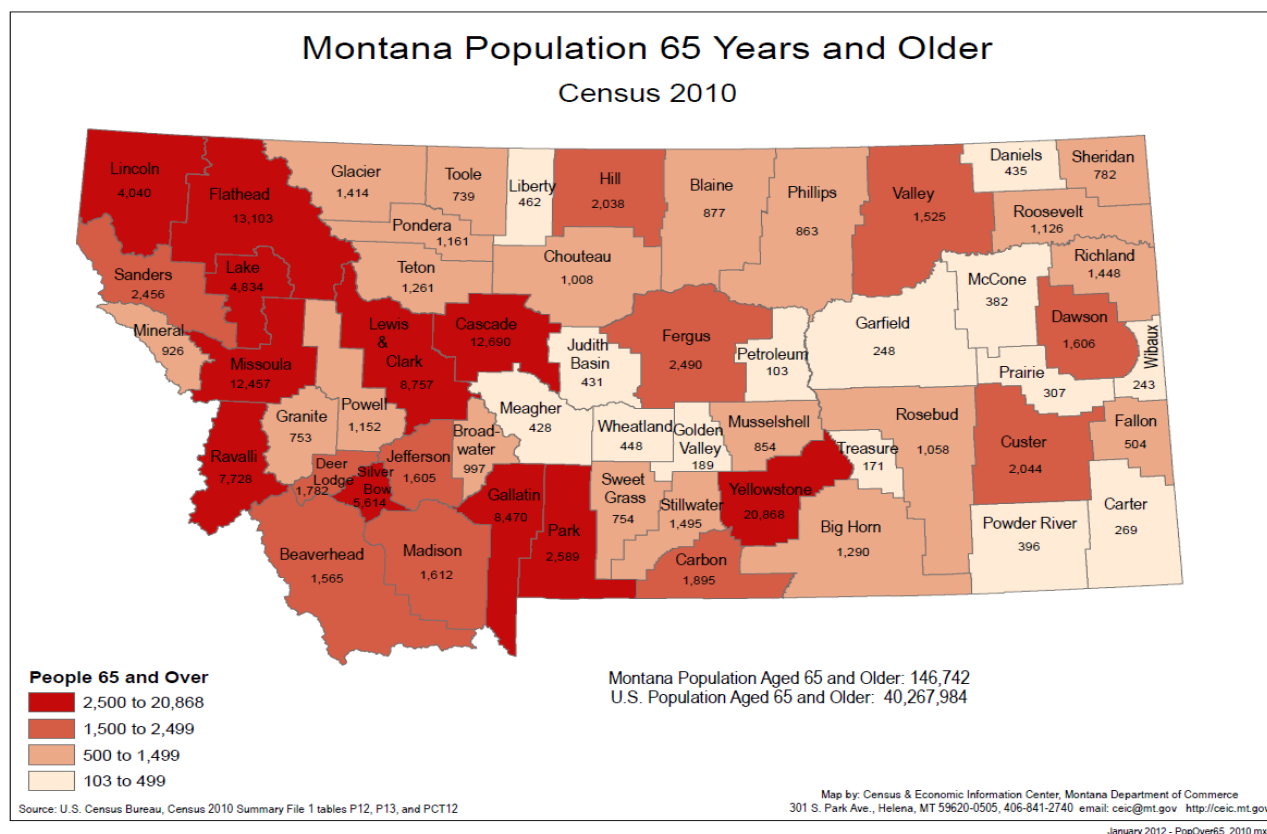


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OVERVIEW

Montana is aging at a faster rate than most of the other States in the Union. The 2010 U.S. Census showed that Montana's 65 and older population was at 13.4% while the United States is at 12.1%. By 2011, Montana's 65 and older population had already increased to 15.1%. Over the next 18 years, 12,775 Montanans will turn age 65 every year. U.S census projections indicated that by 2030, Montana is expected to rank at least 5th in the Nation in the percentage of people over the age of 65. Montanans are also living longer; currently there are 175 centenarians in Montana based on the 2010 census. Addressing the needs of an aging Montana will continue to be an issue over the next 15 to 20 years.”



The Senior and Long Term Care Division (SLTC) addresses the needs of Montana seniors and others needing long-term care. The SLTC Division plans, administers, and provides publicly-funded long-term care services for Montana's senior citizens and persons with physical disabilities. In addition, the division provides education and support regarding aging and long-term care issues to Montanans of all ages, including the increasing number of younger people living with severe disabilities. The Division manages payments to Medicaid funded nursing facilities and Medicaid funded home and community services programs, provides nursing facility services in two state veterans nursing facilities, manages programs for senior citizens under the federal older Americans Act, provides adult protective services to vulnerable senior citizens and people with disabilities, manages the state supplement to federal SSI payments system, and plans for and educates the public about long term care issues and services.

In summary, the Division is charged with serving three key groups of people: 1. Senior citizens who are in need of or who are planning for long term care; 2. People with serious disabilities who are in need of long term care and who are not developmentally disabled; and 3. Baby Boomers who are helping their parents as they age or planning to meet their own long term care needs in the future.

SUMMARY OF MAJOR FUNCTIONS

AGING SERVICES

Of the approximately 211,810 people in Montana age 60 and over, the aging network provided services to over 58,000 senior citizens in FY2014. The Office on Aging develops the state plan on aging and approves service delivery plans and programs developed by 10 Area Agencies on Aging (AAAs) located across Montana. Among the services provided by the AAAs are senior centers, home delivered meals, health services, transportation, public education, information and assistance, long-term care ombudsman and other services. Expenditures of state and federal funds for these services were approximately \$12.7 million in 2014. The matching program rate is 85% federal funds and 15% state/local match. Programs delivered offer food and nutrition services, or provide information and advocacy for Montana's seniors.

Food and Nutrition:

- **Home Delivered Meals or Meals on Wheels** target those seniors who are unable to get to meal sites for a congregate meal. Meals must comply with the Dietary Guidelines for Americans. In 2014 there were 696,157 meals delivered to about 6,886 persons across Montana by 137 home delivered meal providers.
- **Congregate Meal Program** sites are mostly senior centers, although churches, fraternal organizations, nursing homes, and restaurants can also serve as meal sites. Meals must comply with the Dietary Guidelines for Americans. In 2014, 1,087,073 congregate meals were served to about 20,315 persons through 173 congregate meal sites.
- **USDA Community Supplemental Food Program** provides food to elders 60 years of age and over and WIC families with children age 5 to 6 years old. It provides a 30 pound box of food per month. Elders must meet income requirements - 130% of federal poverty level eligibility guidelines - \$1,245 for one and \$1,680 for a couple.

Information and Advocacy:

- **Long-Term Care Ombudsman** is the advocate for all residents of long-term care facilities (assisted living facilities and nursing facilities, including skilled nursing facilities and critical access hospitals with swing beds). Ombudsmen act as access points for consumers by providing information or direct assistance regarding concerns about the health, safety and rights of residents. Ombudsmen made 6,327 visits to long term care facilities, responded to 2,003 complaints and provided 1,291 consultations to persons requesting assistance and 1,669 consultations to facilities in state fiscal year 2014. Services are provided at the local level by 31 Certified Local (full or part-time) Ombudsmen, 3 full-time Regional Ombudsmen, and 11 Friendly Visitor volunteers. These individuals are hired and directly supervised by local Area Agencies on Aging or the County Councils on Aging. All Ombudsmen are certified and receive training on federal and state regulations, resident rights information as well as techniques for complaint investigation and resolution. Ombudsmen personnel visit their assigned facilities regularly, usually at least once a month.
- **State Health Insurance Assistance (SHIP) Program** The Montana State Health Insurance Assistance Program (SHIP) is a free health-benefits counseling and advocacy service for Medicare beneficiaries and their families or caregivers. Its mission is to educate, advocate for, counsel and empower people to make informed benefit decisions. The program is based and operated through Montana's ten Area Agencies on Aging. The 155 local SHIP counselors are specialists trained in Medicare eligibility, benefits and options, health insurance counseling and related insurance products. Their purpose is to assist the beneficiary objectively and confidentially, and to empower the beneficiary to make their own wise health care decisions. SHIP counselors also conduct public presentations on Medicare, Medicare supplemental insurance, long term care options, Medicare Advantage options, Medicare fraud, waste and abuse and other issues of importance to Medicare beneficiaries and their families. In Fiscal Year 2014, SHIP counselors handled over 21,800 contacts and assisted, through face to face contact, 8,916 individuals in Montana regarding Medicare, Medicare Prescription Drug plans, and other beneficiary issues.
- **Information, Assistance and Referral (I&A) Program** is a service designed to link Montana's seniors, their family members, and their caregivers with needed services. There are 90 I&A Technicians statewide who work through Area Agencies to provide information about services, make proper referrals, and do public education and outreach within their communities.
- **Elderly Legal Services Assistance Program** provides training on elder law to senior citizens, family members, professionals, and providers. The program responds to 180 different legal issues to assist persons 60 years of age and older. Services also include legal representation through a pro-bono – modest means program, called Justice Served. Beneficiaries are persons on limited or fixed income who are in need of legal representation for various issues, such as fraud, financial mismanagement, exploitation, wills, living wills, and power of attorney.

COMMUNITY SERVICES

The SLTC Division supports keeping people in need of services in their homes and communities when possible as an alternative to nursing facility care. It does this through the following programs described below:

- Home and Community Based Services (HCBS) Waiver Program.** This program, often referred to as the Medicaid Waiver, has been in place (with various revisions) since 1982. During FY 2014 approximately 2,500 people accessed services through it. HCBS services are limited by the amount of funding available and appropriated by the legislature. In June of 2014 there were approximately 338 people waiting for services, and the average length of stay on the waiver waiting list was 196 days. Services available to members include case management, homemaker, personal care, adult day care, respite, habilitation, medical alert monitor, meals, transportation, environmental modification, respiratory therapy, nursing services, adult residential care provided in a personal care or assisted living facility, or adult foster home, as well as a number of specialized services for recipients with a traumatic brain injury. To be eligible for the HCBS program an individual must be elderly or disabled, Medicaid eligible, and require nursing facility level of care. The Department contracts with seven agencies to provide case management services to members in the Wavier. Expenditures of state and federal funds were about \$38.4 million in FY 2014.

Home and Community Based Waiver Services Breakdown

	FY10	FY11	FY12	FY13	FY14	FY15
Assisted Living Slots						Not Complete
AL Prior Year Slots	542	594	617	636	635	575
NF Transition, Expansion, Conversion	52	23	19	-1	-60	38
AL Total Slots	594	617	636	635	575	613
	FY10	FY11	FY12	FY13	FY14	FY15
Basic Slots						Not complete
Basic Prior Year Slots	1068	1109	1124	1155	1159	1236
NF Transition, Expansion, Conversion	41	15	31	4	77	5
Basic Total Slots	1109	1124	1155	1159	1236	1241
	FY10	FY11	FY12	FY13	FY14	FY15
CC3 slots - Heavy Care/Supported	117	119	125	129	137	135
Living/TBI Specialized						
AL AT Risk Diversion Slots	12	12	12	6	9	9
CSB NHT/Diversion slots						25
BSB Option slots	23	25	25	31	33	34
HCBS Waiver Total slots	1855	1897	1953	1960	1987	2057
HBCS Waiver Total Recipients	2321	2409	2498	2393	2446	2674 est.

The Senior and Long Term Care Division (SLTC) has employed a proactive strategy with a “money follows the person” approach to rebalancing the long term care system. This approach identifies nursing facility residents who want to move into community service placements, and for whom appropriate, cost effective, community services could be developed thus allowing them to return to their own homes or move into small residential settings such as Assisted Living Facilities. Since FY 2004, over 300 people have transitioned from nursing facilities into community services; with dollars for services following them from the nursing facility into the community. During FY 2014, 70 members were transitioned from nursing facilities into community service placements. The SLTCD plans to continue to utilize resources from the nursing facility program budget to fund these community placements under the HCBS waiver.

- **Personal Assistance Services.** The goal of the Personal Assistance Services program is to prevent or delay institutionalization by providing medically necessary maintenance or supportive care in the home to Medicaid members whose health problems cause them to be functionally limited in performing activities of daily living. Services include activities related to a member's physical health and personal hygiene, such as bathing, transferring, feeding, grooming, toileting, medications reminders, limited homemaking tasks, assistance shopping for essential items, and escort to Medicaid reimbursable health care services. Montana offers either an "agency-based" program where enrolled provider agencies manage the services on behalf of the member, or a “self-direct” program, which allows members to hire, train, manage, schedule and discharge their attendants. In FY 2014, about 3,500 people received personal assistance services across Montana at a total cost of \$13.8 million, when direct care wages and health care for direct care workers funding is included. As an entitlement program, there are no restrictions based on age or disability, rather services are authorized based on functional limitations resulting from a discernible diagnosis.
- **Community First Choice.** The federal government provides incentives as part of an ongoing effort to devote an increasingly larger share of its long term care resources to community service options. One such incentive is Community First Choice (CFC). The incentive to adopt this option is a permanent 6% increase in the federal share of Medicaid’s cost for CFC services (the FMAP Rate). The majority of the increase in federal funding resulting from the enhanced matching rate would have to be used to pay for the additional requirements of CFC. Montana is the fourth state to have a state plan approved by the Centers for Medicare and Medicaid (CMS) to implement the CFC option. Montana’s program covers home and community-based attendant services and supports to assist members with activities of daily living (ADLs), instrumental activities of daily living (IADLs), health maintenance tasks, and related support services, like transportation assistance to medical appointments. ADL supports include bathing, personal hygiene, dressing, eating and meal preparation, mobility, positioning and transferring, toileting, assistance with exercise routines, and medication assistance. IADL supports include light housekeeping, laundry, yard hazard removal, assistance with personal finances, and community inclusion services. Health maintenance activities include administration of medications, wound care, and bowel and bladder care. Expenditures in FY 2014 are expected to be at \$28.9 million and 2,290 members are expected to be served in the CFC program. State Plan was approved in July of 2014 by CMS retroactive to October 1, 2013.

- **Money Follows the Person.** Montana was awarded a Money Follows the Person (MFP) demonstration grant from the Centers for Medicare and Medicaid Services (CMS) to augment existing Montana's community-based long term services and supports (LTSS), and to increase home and community based services (HCBS). The grant provides a temporary increase in the federal share of the Medicaid matching rate to pay for services to people who are already receiving Medicaid funded care in an institutional setting and choose to move into certain types of community settings. Montana's MFP demonstration project will target persons in Montana Developmental Center (MDC) transitioning to the community; persons with Severe Disabling Mental Illness (SDMI) in nursing homes; persons with physical disabilities and elders in nursing homes; persons with complex needs in nursing homes, including those with a traumatic brain injury; 18-21 year olds in the Montana State Hospital; and youth in PRTF transitioning to the community.

The following benchmarks for transitions have been established for the MFP grant:

Year	Elderly	MR/DD	Physically Disabled	Mental Illness	SED Youth	Total
CY2012	0	0	0	0	0	0
CY2013	0	0	0	0	0	0
CY2014	2	3	3	3	12	23
CY2015	5	5	10	3	24	47
CY2016	13	7	15	12	30	77
CY2017	15	5	22	12	34	88
Total	35	20	50	30	100	235

Housing is a significant barrier to providing HCBS in Montana. The MFP Housing Bridge Assistance Program has been established utilizing one-time only housing assistance funding appropriated by the Montana Legislature for SFY 2014 and SFY 2015. These funds were specifically appropriated to provide financial assistance for housing for persons transitioning from Medicaid-funded, facility-based care into a home and community based setting through the Montana Community Choice Partnership Money Follows the Person (MFP) Demonstration Program. One individual to date has utilized the Housing Bridge Assistance. Additionally, MFP is partnering with the Montana Department of Commerce (MDOC) to implement the HUD 811 Project Rental Assistance Grant to identify 82 project-based units which will be used for persons with disabilities ages 18-61 who receive waiver services as identified in the MFP eligibility requirements. In addition, the MFP grant is partnering with the MDOC to support the Housing Locator which will enable renters to locate available properties and landlords to list available properties.

As of December 15, 2014, the MFP program has received 66 referrals. Fifteen (15) participants have transitioned under MFP. Six (6) have transitioned from Montana Developmental Center into the DSD (0208) waiver, 3 from PRTF into the DSD (0208) waiver, 1 into the SDMI waiver, 2 into the SLTCD elderly waiver and 3 into the physically disabled waiver in SLTCD.

All waiver and demonstration services receive an enhanced FMAP rate for Medicaid benefits for a period of 365 days of service. At day 366, a participant is served under their qualified waiver at their regular FMAP. Administrative costs under the grant are funded at 100% federal funds. Grant funding was awarded up to \$12,303,184 effective 9/27/12 through 3/31/16. The transition time has been extended through 12/31/17 with services continuing through 2018.

NURSING FACILITY SERVICES

- Despite the preferences of people in need of services, their family members, and the department to keep people in their homes and in their communities, nursing facility services are often necessary and appropriate. The Nursing Facility Program pays for short and long-term nursing care to people who are Medicaid-eligible and in need of the level of care provided by the 82 Montana nursing facilities located in 43 of Montana's 56 counties. In FY 2014 about 1.05 million Medicaid funded days of nursing facility care were delivered to approximately 4926 Montanans. At any given time, about 69% of the state's 6,588 nursing facility beds in the state are occupied. Occupancy has steadily fallen over the last several years. Nursing facilities are reimbursed under a case mix, price-based system where rates are determined annually, effective July 1. Each nursing facility receives a facility specific rate, composed of an operating per diem rate, which is 80% of the statewide price and a direct resident care component, which is 20% of the statewide price adjusted for individual facilities Medicaid resident acuity using the minimum data set (MDS). Medicaid pays for about sixty percent (60%) of all nursing facility services, private payers twenty-eight percent (28%) and Medicare/Other the remaining twelve percent (12%). Nursing facilities are the largest portion of the long-term care budget, with total FY 2014 expenditures of almost \$162 million dollars when Intergovernmental Fund Transfer (IGT) and direct care wages are included. Montana has had an IGT program since 2001, which provides additional financial support to at-risk facilities by utilizing local county revenues as match in the Medicaid program, to augment funding to nursing facilities without the commitment of additional state dollars. This is one of the few remaining Centers for Medicare and Medicaid approved IGT programs in the nation. These payments help maintaining access to "at risk" county affiliated facilities who are predominantly rural and are the only nursing facility in their community or county or which provide a significant share of nursing facility services in their county. Montana has had a nursing facility provider fee or tax since 1991. The rate is currently \$8.30 on each nursing facility day of care. \$2.80 of the fee is deposited in the general fund and \$5.50 is deposited as state special revenue account to fund nursing facilities.

Resident Age Demographics by Payor Source MDS Extract Data as of August 1, 2014				
	MEDICAID	MEDICARE	OTHER	ALL SOURCES
# OF RESIDENTS	2664	330	1319	4313
AVERAGE AGE	79	81	85	81
MINIMUM AGE	17	30	32	17
MAXIMUM AGE	106	104	103	106
RESIDENTS 65 & OLDER	2278	303	1263	3844
RESIDENTS UNDER 65	386	27	56	469
AVERAGE LENGTH OF STAY*	2.45	88	1.27	1.92
*Average admission day-Date of Data Capture/365days	YEARS	DAYS	YEARS	YEARS

HOSPICE/HOME HEALTH

- Hospice** is a program that provides health and support services to the terminally ill and their families. This approach to treatment recognizes the patient's impending death and as a result, palliative/comfort care, rather than curative care, is delivered. Hospice services augment services being provided by family or other caregivers, and are provided in the members' home or nursing facility. When a person selects hospice, they waive all Medicaid benefits related to curative care. Hospice service package can include the following: nursing, medical social services, physician services, bereavement counseling, dietary consult, inpatient care for acute pain, family respite, nursing facility room and board, durable medical equipment, pharmaceuticals and therapy services. The hospice benefit covers both the standard hospice service, as described above, and nursing facility room and board payments for those hospice patients residing in nursing facilities. In FY 2014, 347 members utilized the hospice benefit for nursing facility room and board, the standard hospice service package, or both. A majority of the hospice benefit that is paid for by Medicaid is for nursing facility room and board which is not a covered benefit under Medicare. Hospice expenditures through Medicaid in FY 2014 were approximately \$3.6 million.
- Home Health** services are medically necessary nursing and therapy services provided in the residence of Medicaid members. Services are designed to be delivered on a part-time or intermittent basis to prevent or delay institutionalization. In FY 2014, approximately 331 people utilized home health services. These services include skilled nursing, home health aides, physical therapy, occupational therapy, and speech therapy. The program also covers medical supplies and minor equipment used in the home in conjunction with the delivery of services. These services must be ordered by a physician and provided by a licensed and certified home health agency. Home health expenditures for FY 2014 were approximately \$506,095.

ADULT PROTECTIVE SERVICES

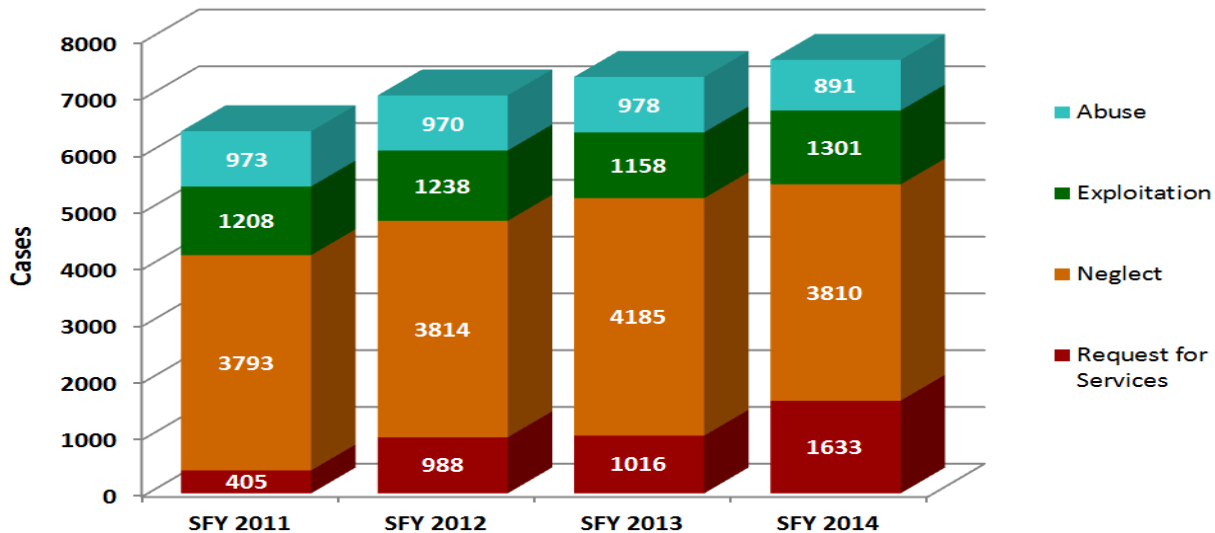
Adult Protective Services (APS) is the department's program of last resort for all of Montana's vulnerable adults. The program provides adult guardianships and investigations to help prevent abuse, neglect and exploitation of Montana's adults age 60 or older who are intellectually or physically disabled. During fiscal year 2014, APS provided some form of assistance to over 7,600 persons across Montana, including court ordered guardianship services for over 210 Montanans. Adult Protective Services are mandated under Montana Law, but expenditures for the program are limited to the biennial appropriations established by the legislature.

There are 46 adult protective services professionals located across the state who have the duty to investigate allegations of abuse, neglect and exploitation of vulnerable adults. The number of vulnerable adults living in Montana communities has grown rapidly over the past few years increasing the demand for the services provided by APS workers. Investigations of allegations of abuse, neglect and exploitation have increased from 6,379 in 2011, to 7,635 in 2014. Of the 7,635 allegations received and investigated, roughly 50% were related to neglect, 17% to exploitation, 12% to abuse concerns, and 21% were requests for assistance for vulnerable adults. Total funding spent on services in fiscal year 2014 was approximately \$2.8 million which is funded at approximately 14% federal funds and 86% state general funds. Support services aimed at protecting vulnerable adults from abuse, neglect and exploitation including but aren't limited to the following:

- Receiving reports of the abuse, neglect or exploitation
- Investigating reports to assess risk to clients
- Intervening to stop abuse, neglect or exploitation if it is occurring
- Coordinating activities among state and county agencies which provide human services and working with law enforcement if there is evidence of suspected criminal activity
- Developing a case plan in cooperation with the client, including end of life decision making and arranging for ongoing support services from other state, county and local agencies when appropriate
- Monitoring services and periodic re-evaluation of potential risk factors
- Working with tribal entities on protective services
- Educating professionals and the public regarding issues related to the prevention abuse, neglect and exploitation
- Assuming the role of court-ordered guardian as agency of last resort, for vulnerable adults who are unable to do so themselves
- Assisting and consulting in the development of prevention programs and entities to provide necessary guardianship to individuals in the least restrictive environment available
- Providing temporary, emergency assistance, purchased through contingency funds authorized by the legislature, to vulnerable adults in need



Senior and Long Term Care Adult Protective Services Allegation & Request for Services



Allegation Description	SFY 2011		SFY 2012		SFY 2013		SFY 2014	
Abuse	973	15%	970	14%	978	13%	891	12%
Exploitation	1208	19%	1238	18%	1158	16%	1301	17%
Neglect	3793	59%	3814	54%	4185	57%	3810	50%
Request for Services	405	6%	988	14%	1016	14%	1633	21%
Totals	6379	100%	7010	100%	7337	100%	7635	100%

STATE VETERANS NURSING HOMES

- Montana Veterans Home (MVH)** in Columbia Falls was established in 1896 and is a one hundred five (105) bed licensed and certified skilled nursing facility, which includes a 15 bed special care unit for Alzheimer or dementia care. The Medicaid and Medicare eligible facility provides all of the care that is typically found in any community nursing home. It is funded in part by charging members for their care at the facility based on their ability to pay. In addition to the nursing facility, MVH operates a twelve (12) bed domiciliary unit. The “Dom” provides supervision and assistance in a residential setting to Veterans who are able to meet their own self-care needs. Montana veterans are admitted if they are over 55 years of age, or in need of care, and have had active service in the armed forces. Spouses of veterans may also be admitted if space is available.

As of July 2014, the facility was currently home for one 112 veterans and their spouses, including 100 nursing facility residents and 12 residents in the Dom. Ninety-six residents are male, 16 are female, and 14 are the spouses of veterans. The facility’s average occupancy rate

in 2014 was 95.5%, roughly 20% higher than other nursing facilities in that geographic area of the state.

In FY 2014 the total cost of operation for MVH was \$10.38 million dollars. A portion of the funding for the facility comes from cigarette tax state special revenue. Since 1992 there has been a 2-cent per pack cigarette tax, which was designated as revenue to be used to offset the expenses for those veterans at the facility who could not pay full cost. The federal Department of Veterans' Affairs contributed \$100.37 for each day of the nursing home care provided to a veteran and \$43.32 for domiciliary care. This rate increased effective October 1, 2014 to \$102.38 for nursing and to \$44.19 for domiciliary care.

- **Eastern Montana Veterans Home (EMVH)** in Glendive was built in 1994 and opened its doors for admissions on July 17, 1995. It provides 80 skilled and intermediate nursing facility beds, including 16 beds dedicated to Alzheimer or dementia care residents. As of July 2014 the facility was home to 64 Montanans. Forty-seven residents were male, and 17 were female. The facility's average occupancy for 2014 was 68.34 residents or 85.43%. The average occupancy rate for other nursing facilities in that geographic area of the state was 72.72%.

The Senior and Long Term Care Division (SLTCD) contracts for the day to day operation and the management of the EMVH facility. The Glendive Medical Center (GMC) has been the independent contractor responsible for management and operation of the facility since the facility opened its doors in 1995. The current contract of seven years with GMC was negotiated through a Request for Proposal (RFP) in 2009 for the operation of EMVH.

The total cost of operation of the Eastern Montana Veterans to the state during FY 2014 was about \$2.9 million. \$273,000 was from state special revenues, and \$2,628,000 was from per diem payments from the federal government that are passed through to the contractor for the operation of the facility. As with the MVH, The federal Department of Veterans' Affairs contributed \$100.37 for each day of the nursing home care provided to a veteran, and the rate increased effective October 1, 2014 to \$102.38.

HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2015 BIENNIUM

- **Health Care for Health Care Workers.** Funding has been available for Health Care for Health Care Workers in the form of Medicaid provider rate increases when health insurance is provided for direct care workers in personal assistance and private duty nursing programs. The funds must be used to cover premiums for health insurance that meets defined benchmark criteria. This program has been successful at targeting a traditionally lower paid work force that provides necessary and vital direct care services to Medicaid members. As of July 1, 2014, seventeen (17) providers were enrolled in the program and they were providing over 575 workers across the state with quality health insurance coverage.
- **Community Involvement/Volunteerism at State Veterans' Facilities.** The Montana Veterans Home in Columbia Falls enjoys the benefit of substantial community support with 388

volunteers coming from families of present and past residents, members of service organizations such as VFW, DAV, the American Legion, Rotary Clubs, Lions Clubs, local schools, etc. These volunteers help recreation staff to provide a robust calendar/schedule of activities every day of the year. Last year MVH volunteers logged a total of over 9,600 hours. Additionally, the Veterans' Home Memorial Foundation, an independent board of citizens authorized to receive tax-deductible donations for the benefit of the residents at the MVH, has been instrumental in purchases that have included a gazebo, walkways, flowers, shrubs, televisions, barbeques, newspaper subscriptions, exercise equipment, funding for residents' needs items, and numerous gifts to improve the quality of life for the residents, especially around the holidays.

The Eastern Montana Veterans Home is similarly blessed with many long standing volunteers. Currently there are 25 active volunteers at EMVH. One volunteer in particular spends hours every day at EMVH visiting and assisting where needed. He makes sure anyone who wants to go to an activity gets there. Another volunteer hosts a newspaper and book reading group several times a week. Two different veteran volunteer organizations host birthday parties every month and provide gifts to all the residents at Christmas. These wonderful volunteers make the resident's lives brighter on a daily basis. The Eastern Montana Veterans' Home Foundation serves a similar mission for residents in the EMVH facility, providing support for the resident's needs items and numerous gifts to improve the quality of life for the residents, especially around the holidays.

- **Eastern Montana Veterans Home Physical Therapy Remodel.** During the winter of 2013-2014, a decision was made to repurpose a storage area at the EMVH facility into a new physical therapy suite for the residents at the facility. The population of residents at the facility had grown and the need for more space to provide treatment of those in need of therapy was necessary. The PT suite includes a treatment area, several types of exercise equipment, a handicap accessible bathroom and a general purpose conference room for care planning and for resident/family meetings. The suite is used daily for physical therapy and restorative exercises by over half of the residents residing in the facility. The funding came from the operations budget of the EMVH facility.
- **Korean Consul Recognition of Montana Veterans.** On September 19, 2014 Korean Consul General Moon Duk-ho awarded 32 Korean War Veterans and/or surviving spouses who live at Montana Veterans Home with coined medals and certificates to honor their service in that war. MVH Administrator Joren Underdahl indicates that the veteran residents and resident spouses who have since passed were extremely humbled by this kind gesture and honor. A similar ceremony will be held at the Eastern Montana Veterans Home in the spring of 2015 to honor the approximately 15 veterans and spouses who reside at the Glendive facility.
- **Legal Document Clinics.** In 2008, the Legal Services Developer program established the first legal document clinic. The program was developed in conjunction with the Area Agencies on Aging and the State Bar of Montana, to provide services for persons sixty and older who are at or below 250 % poverty level with the opportunity to have their legal documents completed. In working with the State Bar of Montana, the program has been able to identify attorneys and paralegals willing to volunteer their time and services in assisting our elderly citizens complete their estate planning documents. The documents which are completed at a legal clinic include

wills, living wills, revocation of declaration of living will, durable powers of attorney, and declaration of homestead. In Fiscal Year 2014, the program held seven clinics across the state, five in rural communities and two in more urban areas, providing services to about 200 senior citizens and assisted in completing 799 documents.

In the fall of 2013, the Legal Services Developer program established phone clinics to further meet the estate planning needs of our senior citizens, especially in remote areas of Montana. A phone clinic may involve an individual and/or a couple on the phone with a volunteer attorney or paralegal. If a phone clinic is done with the assistance of a paralegal, the documents are sent to an attorney for review and approval prior to them being sent to the elderly person or persons to be signed and notarized. By the end of Fiscal Year 2014, fifty-five phone clinics were completed.

- **Montana Lifespan Respite.** Montana was awarded a 3-year grant in August of 2011 to build the infrastructure for a Lifespan Respite program for our family caregivers. The grant's focus was to develop a Lifespan Respite Coalition, reduce programmatic barriers to the provision of respite through the DPHHS funded respite programs, assess caregiver needs, increase caregivers' and the public's awareness about the need for and availability of respite, and the development of a statewide website. Outcomes of this grant period include: An environmental scan of respite in Montana, a collection of all the current respite providers, a Sustainability, Growth and Succession Plan, a public service announcement and video. The PSA and video will be attached to the newly developed website (www.respite.mt.gov). Montana DPHHS, in collaboration with the Statewide Lifespan Respite Coalition and Aging and Disability Resource Center network was recently awarded a 3-year grant for sustainability of the Lifespan Respite program. This grant period is September 2014 to August 2017. The focus of this grant is to develop a model that will simplify caregiver access to respite, reduce structural barriers to the provision of respite, increase caregiver awareness of the purpose, need for and availability of respite, develop options for caregiver training and implement the 2014 LSR sustainability, growth and succession plan.
- **Aging and Disability Resource Centers (ADRCs).** The Aging and Disability Resource Centers (ADRCs) were initially developed in 2003 under a Real Choice Systems Change Grant for Community Living funded by the now-called Administration for Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS). The goal of the Aging and Disability Resource Center Program is to empower individuals to make informed choices, to streamline access to long-term support and organize the long-term support system. The vision is to have Resource Centers in every community serving as highly visible and trusted places where people can turn for information on the full range of long term support options and a single point of entry to public long term support programs and benefits. ADRCs are a resource for both public and private-pay individuals. Making information and counseling available to private-pay individuals is a central element of the ACL/CMS Resource Center vision. Reaching people before they become Medicaid-eligible, and helping them to learn about low-cost options and programs such as private long term care insurance, can help individuals make better use of their own resources and help to prevent or delay spend-down to Medicaid. Resource Centers serve elders age 60 and older and people with disabilities over the age of 18. Montana has received 5 grants, which have aided in the development of the ADRC model. Currently 8 of the 10 Area

Agencies on Aging are ADRCs covering 48 of our 56 counties. In 2014, the ADRCs worked on the development of an Options Counseling program. This program is person-centered and provides assistance to all people interested in planning for their long term services and supports.

- **Tribal Nursing Facility Refinancing.**

Beginning in November of 2014, the Department began claiming 100% federal match for tribal entities providing Medicaid funded nursing facility services who operate under a 93-638 PL contract or a 638 agreement with Indian Health Services. There are two tribally operated nursing facilities in Montana. The Blackfeet Care Center in Browning affiliated with the Blackfeet Tribe and the Awe Kualawaache Care Center, in Crow Agency affiliated with the Crow Tribe.

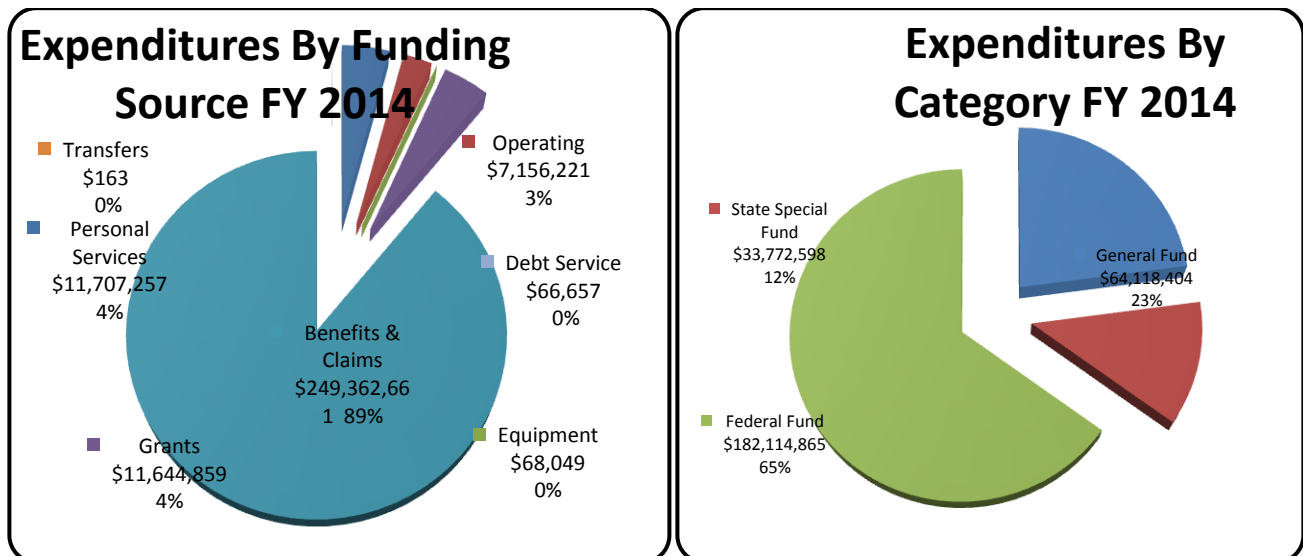
2017 BIENNIUM GOALS AND OBJECTIVES

Department of Public Health and Human Services Senior and Long Term Care Division	
Goals and Objectives for the 2017 Biennium Submitted October 2014	
GOAL: Advocate for and promote dignity and independence for older Montanans and Montanans with disabilities.	
Objective	Measurement
Increase the ability of Montanans to prepare to meet their own long term care needs, or the long term care needs of a relative or a friend.	Maintain a coordinated continuing education program to inform Montanans about long term care issues and options emphasizing the need for planning and personal responsibility.
Ensure high quality publicly funded long term care services are available.	Maintain the number of home delivered meals and caregivers receiving support services, such as, respite through aging services network.
Support Montanans in their desire to stay in their own homes or live in smaller community based residential settings for as long as possible.	The number of Montanans age 65 or older who live at home or in small community alternatives is maintained through rebalancing efforts using home and community based services.
Protect senior citizens and people with disabilities who are at risk of abuse, neglect and exploitation while maintaining maximum independence and self-determination.	Abuse prevention activities are supported through development of chapters on prevention of elder abuse while reducing state held guardianships.
Develop and provide efficient, effective, high quality nursing facility services to Montana veterans.	Licensure and certification standards for nursing facility services under federal and state, as well as, veterans' administration guidelines, are met.

FUNDING AND FTE INFORMATION

Senior and Long Term Care		2014 Actual Expenditures	FY2016 Request	FY2017 Request
FTE		221.05	217.55	217.55
Personal Services	\$	11,707,257	\$ 13,083,137	\$ 13,067,036
Operating	\$	7,156,221	\$ 8,994,731	\$ 9,418,422
Equipment	\$	68,049	\$ 68,049	\$ 68,049
Grants	\$	11,644,859	\$ 13,282,243	\$ 13,282,243
Benefits & Claims	\$	249,362,661	\$ 285,662,928	\$ 300,211,697
Transfers	\$	163	\$ 163	\$ 163
Debt Service	\$	66,657	\$ 66,657	\$ 66,657
Total Request	\$	280,005,867	\$ 321,157,908	\$ 336,114,267
General Fund	\$	64,118,404	\$ 77,222,966	\$ 82,609,921
State Special Fund	\$	33,772,598	\$ 35,117,468	\$ 35,949,247
Federal Fund	\$	182,114,865	\$ 208,817,474	\$ 217,555,099
TOTAL	\$	280,005,867	\$ 321,157,908	\$ 336,114,267

THE FOLLOWING FIGURES PROVIDE FUNDING AND EXPENDITURE INFORMATION FOR FY 2014 FOR SENIOR AND LONG TERM CARE



CHANGE PACKAGES (See LFD Budget Analysis, Pages B-103 to B-125)

PL 2200444 Statewide 4% FTE Reduction - Program 22

- The 2015 biennium budget included a 4% vacancy savings reduction. Language included in the boilerplate of HB 2 passed by the 2013 Legislature, indicated legislative intent that the 4% vacancy savings be made permanent as an FTE reduction for the 2017 biennium. Change package 2200444 includes a reduction of 3.50 FTE each year of the biennium and \$425,800 total funds for the biennium to accomplish the FTE reduction.
- (LFD book, page B-119)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ (93,629)	\$ (68,234)	\$ (50,839)	\$ (212,702)
FY 2017	\$ (93,838)	\$ (68,098)	\$ (51,162)	\$ (213,098)
Biennium Total	\$ (187,467)	\$ (136,332)	\$ (102,001)	\$ (425,800)

PL 2222101 Med Ben Core Cload NH

- This present law adjustment is necessary to fund caseload growth in the Nursing Facility program in the Senior and Long Term Care Division. The historical growth has trended slightly downward or flat for this program during the past biennium. Expected growth from FY 2015 to FY 2016 is -.14% and expected growth from FY 2016 to FY 2017 is -.26%. In FY 2016, general fund increases 4.02%, state special revenue decreases 7.48% and federal funds decrease .005%. This change package requests a reduction of \$6,843 in FY 2016 and \$384,378 in FY 2017 total funds.
- (LFD book, page B-108, B-121)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 1,266,766	\$ (1,269,139)	\$ (4,470)	\$ (6,843)
FY 2017	\$ 1,134,568	\$ (1,269,139)	\$ (249,807)	\$ (384,378)
Biennium Total	\$ 2,401,334	\$ (2,538,278)	\$ (254,277)	\$ (391,221)

PL 2222102 Med Ben Core FMAP NH

- This present law adjustment is necessary to maintain existing services for the Nursing Home program in the Senior and Long Term Care Division. This change package requests a general fund amount of \$1,377,788 in FY 2016 and \$1,863,318 in FY 2017 with offsetting federal funds reductions for each year. The total cost for the program does not change.
- (LFD book, page B-121)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 1,377,788	\$ -	\$ (1,377,788)	\$ -
FY 2017	\$ 1,863,318	\$ -	\$ (1,863,318)	\$ -
Biennium Total	\$ 3,241,106	\$ -	\$ (-3,241,106)	\$ -

PL 2222103 Med Ben Core Cload Home Based

- This present law adjustment is necessary to fund the caseload growth for the Home Based Services programs in the Senior and Long Term Care Division. Home Based Services include personal assistance, home health, and hospice programs. The rate of growth expected for these programs is estimated at 4.23% per year in Home Health; 9.79% for Hospice, and an average of 9% for personal assistance programs. The caseload decline from 2014 to 2015 is representative of personal assistance services that have shifted to the Community First Choice program in the division. This request is for a reduction in total funds for the biennium of \$18,717,130 with a reduction in general fund of \$6,521,217.
- (LFD book, page B-122)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ (3,326,151)	\$ -	\$ (6,264,827)	\$ (9,590,978)
FY 2017	\$ (3,195,066)	\$ -	\$ (5,931,086)	\$ (9,126,152)
Biennium Total	\$ (6,521,217)	\$ -	\$ (12,195,913)	\$ (18,717,130)

PL 2222104 Med Ben Core FMAP Home Based

- This present law adjustment is necessary to maintain existing services for the Home Based Services programs in the Senior and Long Term Care Division. This change package requests a general fund amount of \$148,869 in FY 2016 and \$208,336 in FY 2017 with offsetting federal funds reductions for each year. The total cost for the program does not change.
- (LFD book, page B-121)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 148,869	\$ -	\$ (148,869)	\$ -
FY 2017	\$ 208,336	\$ -	\$ (208,336)	\$ -
Biennium Total	\$ 357,205	\$ -	\$ (357,205)	\$ -

PL 2222105 Med Ben Waiver Cload SLTC HCBW

- This present law adjustment is necessary to fund the caseload growth for the Medicaid HCBS Waiver program in the Senior and Long Term Care Division. This change package annualizes the cost of nursing facility transitions and diversions from institutional placements into

community settings. Approximately 71 individuals transitioned or were diverted at different times during FY 2014 from nursing facilities to home and community based waiver placements, resulting in less than a full year of expenditures included in the FY 2014 base year. This request seeks \$5,711,245 in total funds over the biennium with \$1,990,083 in general fund.

- (LFD book, page B-109, B-122)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 990,330	\$ -	\$ 1,865,293	\$ 2,855,623
FY 2017	\$ 999,753	\$ -	\$ 1,855,869	\$ 2,855,622
Biennium Total	\$ 1,990,083	\$ -	\$ 3,721,162	\$ 5,711,245

PL 2222106 Med Ben Waiver FMAP SLTC HCBW

- This present law adjustment is necessary to maintain existing services for the Home and Community Based Services Waiver program in the Senior and Long Term Care Division. This change package requests a general fund amount of \$359,377 in FY 2016 and \$486,124 in FY 2017 with offsetting federal funds reductions for each year. The total cost for the program does not change.
- (LFD book, page B-121)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 359,377	\$ -	\$ (359,377)	\$ -
FY 2017	\$ 486,124	\$ -	\$ (486,124)	\$ -
Biennium Total	\$ 845,501	\$ -	\$ (845,501)	\$ -

PL 2222107 Med Ben Other-HCHCW Annualization

- This present law adjustment annualizes the Medicaid-funded Health Care for Health Care Workers (HCHCW) program in the Senior and Long Term Care Division. This program is targeted to in-home health care agencies, which provide qualifying health insurance coverage to workers. This change package requests \$848,832 in total funds for the biennium including \$247,391 in general fund.
- (LFD book, page B-121)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 122,995	\$ -	\$ 301,421	\$ 424,416
FY 2017	\$ 124,396	\$ -	\$ 300,020	\$ 424,416
Biennium Total	\$ 247,391	\$ -	\$ 601,441	\$ 848,832

PL 2222108 Med Ben Other NH IGT

- This request is to fund the anticipated increase in IGT (intergovernmental transfer) payments in the nursing home program. The difference in the Medicaid rate and the Medicare upper payment limit (UPL) will allow a higher level of reimbursement compared to base year expenditures. The state match is provided by county governments. These one-time payments to nursing homes are based on the number of Medicaid services provided and a portion of the funding supports the base budget in the nursing facility program and the community services program. This change package requests \$10,658,607 in total funds with \$4,050,706 in state special revenue over the biennium.
- (LFD book, page B-108, B-122)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ -	\$ 1,793,155	\$ 2,962,477	\$ 4,755,632
FY 2017	\$ -	\$ 2,257,551	\$ 3,645,424	\$ 5,902,975
Biennium Total	\$ -	\$ 4,050,706	\$ 6,607,901	\$ 10,658,607

PL 2222109 Med Ben Other FMAP NH IGT

- This present law adjustment is necessary to maintain existing services for the Nursing Home IGT program in the Senior and Long Term Care Division. This change package requests a state special revenue amount of \$143,902 in FY 2016 and \$190,920 in FY 2017 with offsetting federal funds reductions for each year. The total cost for the program does not change.
- (LFD book, page B-121)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ -	\$ 143,902	\$ (143,902)	\$ -
FY 2017	\$ -	\$ 190,920	\$ (190,920)	\$ -
Biennium Total	\$ -	\$ 334,882	\$ (334,882)	\$ -

PL 2222110 Med Ben Core Caseload CFC

- This present law adjustment is necessary to fund the caseload growth for the Community First Choice program in the Senior and Long Term Care Division. The rate of growth expected for this program is estimated at 4% between FY 2015 and FY 2016 with an additional 4% from FY 2016 to FY 2017. Funding for this program is at a 6% enhanced FMAP rate over traditional FMAP. This change package requests \$51,309,002 in total funds with \$14,803,771 in general fund over the biennium.
- (LFD book, page B-109, B-122)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 7,037,074	\$ -	\$ 17,499,446	\$ 24,536,520
FY 2017	\$ 7,766,697	\$ -	\$ 19,005,785	\$ 26,772,482
Biennium Total	\$ 14,803,771	\$ -	\$ 36,505,231	\$ 51,309,002

PL 2222111 Med Ben Core FMAP CFC

- This present law adjustment is necessary to maintain existing services for the Community First Choice program in the Senior and Long Term Care Division. This change package requests a general fund amount of \$292,751 in FY 2016 and \$388,403 in FY 2017 with offsetting federal funds reductions for each year. The total cost for the program does not change.
- (LFD book, page B-121)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 292,751	\$ -	\$ (292,751)	\$ -
FY 2017	\$ 388,403	\$ -	\$ (388,403)	\$ -
Biennium Total	\$ 681,154	\$ -	\$ (681,154)	\$ -

PL 2222112 Med Ben MFP SLTC

- This present law adjustment is necessary to fund the caseload growth for the Money Follows the Person program in the Senior and Long Term Care Division. This grant provides individuals the opportunity to transition from institutional settings into community options at an enhanced FMAP rate for a period of time. This change package requests \$6,544,037 in total funds with \$1,131,226 in general fund for the biennium.
- (LFD book, page B-122)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 502,712	\$ -	\$ 2,423,796	\$ 2,926,508
FY 2017	\$ 628,514	\$ -	\$ 2,989,015	\$ 3,617,529
Biennium Total	\$ 1,136,226	\$ -	\$ 5,412,811	\$ 6,544,037

PL 2222113 State Supplemental Payments

- This present law adjustment is necessary to fund the caseload growth for the State Supplemental Payment program in the Senior and Long Term Care Division. The rate of growth for this program is estimated at 30 additional people in FY 2016 and an additional 5 people in FY 2017, who are expected to move from institutional disability services into the community during 2017 biennium. State supplemental payments provide an extra monetary benefit to the Social Security payment made to SSI-eligible individuals, who reside in designated

residential care facilities. The monthly benefit is \$94. Additionally, DPHHS pays to the Social Security Administration an administrative fee to process these payments. The fee per payment is estimated to increase to \$11.54 in FY 2016 and \$11.66 in FY 2017. This change package requests \$147,068 in general fund for FY 2016 and \$154,836 in general fund in FY 2017.

- (LFD book, page B-123)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 147,068	\$ -	\$ -	\$ 147,068
FY 2017	\$ 154,836	\$ -	\$ -	\$ 154,836
Biennium Total	\$ 301,904	\$ -	\$ -	\$ 301,904

PL 2222114 Required Overtime Holiday Differential MVH

- This present law adjustment requests \$857,632 in state special revenue funds from cigarette taxes to fund overtime, holidays worked, differential pay, and the corresponding benefits for the Montana Veterans Home. These base year expenses are removed from the base budget when the program's positions are funded; however, these costs are ongoing expenses and are necessary to maintain current level activities.
- (LFD book, page 5 -6 Overview)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ -	\$ 422,043	\$ -	\$ 422,043
FY 2017	\$ -	\$ 435,589	\$ -	\$ 435,589
Biennium Total	\$ -	\$ 857,632	\$ -	\$ 857,632

PL 2222115 Facility Inflation MVH

- This present law adjustment requests \$751,844 in state special revenue funds from cigarette taxes to maintain existing services for the Montana Veterans Home in the Senior and Long Term Care Division. This request adjusts the base year expenses for inflationary increases in the areas of operations, medical and pharmacy costs from the FY 2014 level.
- (LFD book, page B-114)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ -	\$ 222,523	\$ -	\$ 222,523
FY 2017	\$ -	\$ 529,321	\$ -	\$ 529,321
Biennium Total	\$ -	\$ 751,844	\$ -	\$ 751,844

PL 2222116 MVH Fed Authority Per Diem

- This present law adjustment is requested to increase federal authority for per diem rates that will be reimbursed for the domiciliary and the nursing facility days of care at the Montana Veterans Home in the Senior and Long Term Care Division. Veterans Administration (VA) per diem rates change on October 1 of each year, and this adjustment assumes the 70%-Disabled, service connected veterans per diem payments will increase approximately 2%, and the traditional veterans per diem payments will increase approximately 5% each year of the biennium. This change package requests \$779,998 in federal funds in each year of the biennium.
- (LFD book, page B-123)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ -	\$ -	\$ 779,998	\$ 779,998
FY 2017	\$ -	\$ -	\$ 779,998	\$ 779,998
Biennium Total	\$ -	\$ -	\$ 1,599,996	\$ 1,599,996

PL 2222117 EMVH Fed Authority Per Diem

- This present law adjustment requests \$449,999 in federal authority for each year of the biennium for the Veterans Administration (VA) per diem rates that will be reimbursed for nursing facility days of care at the Eastern Montana Veterans Home (EMVH) in the Senior and Long Term Care Division. The VA per diem rate increases effective October 1 of each year. This adjustment assumes the 70%-disabled, service connected veterans per diem payments will increase approximately 2%, and the traditional veterans' per diem payments will increase approximately 5% each year of the biennium. The federal VA payments are passed through to the contractor, who operates the EMVH facility. This pass through is funded 100% with federal funds.
- (LFD book, page B-123)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ -	\$ -	\$ 449,999	\$ 449,999
FY 2017	\$ -	\$ -	\$ 449,999	\$ 449,999
Biennium Total	\$ -	\$ -	\$ 899,998	\$ 899,998

PL 2222118 Aging Grant Funding

- This present law adjustments requests \$1,599,600 federal funds for each year of the biennium to maintain existing services for the Aging Services program in the Senior and Long Term Care Division. This increased appropriation authority anticipates federal grant increases for aging services. These grants are awarded as renewal contracts to the Area Agencies on Aging and are funded with 100% federal funds.
- (LFD book, page B-121)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ -	\$ -	\$ 1,599,600	\$ 1,599,600
FY 2017	\$ -	\$ -	\$ 1,599,600	\$ 1,599,600
Biennium Total	\$ -	\$ -	\$ 3,199,200	\$ 3,199,200

PL 2222119 PRI Annualization Aging Services

- This present law proposal requests \$214,085 in general fund each year of the biennium to annualize the 2% provider rate increase received in the 2015 biennium for Aging Services. The Aging Services network provides services to over 58,000 individuals annually. Through contracts with the State Office on Aging, ten Area Agencies on Aging deliver services, which include home delivered meals (694,000), congregate meals (1,194,000), information and assistance, support for senior centers, long term care ombudsman; in home health services, SHIP program and elderly legal assistance.
- (LFD book, page B-121)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 214,085	\$ -	\$ -	\$ 214,085
FY 2017	\$ 214,085	\$ -	\$ -	\$ 214,085
Biennium Total	\$ 428,170	\$ -	\$ -	\$ 428,170

PL 2222121 Contractual Adjustments

- This present law adjustment requests \$404,453 total funds over the biennium including \$40,267 in general fund in FY 2016 and \$67,888 in general fund in FY 2017. This request annualizes the utilization review contract activity in the Senior and Long Division and reflects the anticipated increases to recognize CPI growth; estimated 4% caseload growth due to Community First Choice requirements; increase in level of care screens and additional staff time for contractor to perform utilization review, prior authorization and level of care activities through FY 2017. The bulk of this activity is funded at a 75% federal/25% general fund match. There is also a portion of the Nursing Home contract with Myers and Stauffer that was not accrued in FY 2014 and is funded at a 50%/50% match rate.
- (LFD book, page B-123)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 40,267	\$ -	\$ 106,943	\$ 147,210
FY 2017	\$ 67,888	\$ -	\$ 189,355	\$ 257,243
Biennium Total	\$ 108,155	\$ -	\$ 296,298	\$ 404,453

PL 2222122 MFP Waiver Annualizations

- This present law adjustment request \$546,000 total funds over the biennium including general fund of \$29,148 in FY 2016 and \$162,994 in FY 2017 in order to annualize the cost of Money Follows the Person (MFP) transitions into the elderly and physically disabled Home and Community Based Services (HCBS) waiver in the Senior and Long Term Care Division. Under MFP, individuals transition into qualified community placements from institutional settings with 365 days of enhanced MFP Medicaid match rate. After 365 days, these individuals continue their community placements in their respective waiver programs, but are funded at the regular Medicaid match rate. This request continues the funding for those placements in the 2017 Biennium.
- (LFD book, page)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 29,148	\$ -	\$ 54,852	\$ 84,000
FY 2017	\$ 162,994	\$ -	\$ 299,006	\$ 462,000
Biennium Total	\$ 192,148	\$ -	\$ 353,858	\$ 546,000

NP 222204 Med Ben HCHCW Increase

- This new proposal requests \$780,000 in total funds for the biennium to fund growth for the Health Care for Health Care Workers (HCHCW) program in Senior and Long Term Care. This proposal funds an increase in the number of workers who are expected to utilize this insurance program. It is anticipated that 50 new individuals will access this program in FY 2016 and that number will be maintained in FY 2017. The biennial funding is \$224,991 in general fund and \$555,009 in federal funds.
- (LFD book, page B-125)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 111,852	\$ -	\$ 278,148	\$ 390,000
FY 2017	\$ 113,139	\$ -	\$ 276,861	\$ 390,000
Biennium Total	\$ 224,991	\$ -	\$ 555,009	\$ 780,000

NP 222205 Direct Care Worker Wage Increase

- This change package requests funding for provider rates for Medicaid services to allow for wage increases or lump sum payments to workers, who provide direct care and ancillary services in the nursing facility, personal assistance, Community First Choice, and elderly and physically disabled (HCBS) waiver programs in the Senior and Long Term Care Division. Funds in the Direct Care Worker Wage Increase may be used to 1) raise direct care worker and

ancillary worker wages and related benefits and/or 2) to provide lump-sum payments (i.e., Bonuses, Stipend, etc.) to workers, who provide direct care and ancillary services. Funding appropriated will provide for up to a \$0.50 hourly increase in combined wages and benefits in FY 2016 and up to \$1.00 hourly increase in FY 2017 for each of the named programs. Approximately 70% of this funding will go towards wage increases and 30% will fund employee benefits, such as; FICA, SUTA, Medicare, etc. The request for the biennium is \$13,315,310 total funds with \$4,620,413 in general fund.

- (LFD book, page B-124)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 1,527,223	\$ -	\$ 2,873,993	\$ 4,401,216
FY 2017	\$ 3,093,190	\$ -	\$ 5,820,904	\$ 8,914,094
Biennium Total	\$ 4,620,413	\$ -	\$ 8,694,897	\$ 13,315,310

NP 222206 PRI Med Ben Core Nursing Homes

- This new proposal requests a 2% provider rate increase in each year of the biennium for Medicaid Benefits Core Services Nursing Homes in the Senior and Long Term Division. The change package seeks \$9,101,598 in total funds with \$3,176,524 in general fund.
- (LFD book, page B-124-125)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 1,045,177	\$ -	\$ 1,968,597	\$ 3,013,774
FY 2017	\$ 2,131,347	\$ -	\$ 3,956,477	\$ 6,087,824
Biennium Total	\$ 3,176,524	\$ -	\$ 5,925,074	\$ 9,101,598

NP 222207 PRI Med Ben Core Home Based Services

- This new proposal requests a 2% provider rate increase in each year of the biennium for Medicaid Benefits Core Services for Home Based Services in Senior and Long Term Care. This change package requests \$329,748 in total funds with \$115,084 in general fund.
- (LFD book, page B-124)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 37,866	\$ -	\$ 71,322	\$ 109,188
FY 2017	\$ 77,218	\$ -	\$ 143,342	\$ 220,560
Biennium Total	\$ 115,084	\$ -	\$ 214,664	\$ 329,748

NP 222208 PRI Med Ben Community Based Waiver

- This new proposal requests a 2% provider rate increase in each year of the biennium for Medicaid Benefits Waiver Services in the Senior and Long Term Care Division. This change package requests \$2,377,021 in total funds with \$829,598 in general fund.
- (LFD book, page B-124)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 272,964	\$ -	\$ 514,129	\$ 787,093
FY 2017	\$ 556,634	\$ -	\$ 1,033,294	\$ 1,589,928
Biennium Total	\$ 829,598	\$ -	\$ 1,547,423	\$ 2,377,021

NP 222209 PRI Aging Services

- This new proposal requests a 2% provider rate increase in each year of the biennium for Aging Services in the Senior and Long Term Care Division. This change package requests biennial funding of \$702,927 in general fund.
- (LFD book, page B-124)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 232,757	\$ -	\$ -	\$ 232,757
FY 2017	\$ 470,170	\$ -	\$ -	\$ 470,170
Biennium Total	\$ 702,927	\$ -	\$ -	\$ 702,927

NP 222210 PRI Med Ben Community First Choice

- This new proposal requests a 2% provider rate increase in each year of the biennium for Medicaid Benefits Community First Choice program in the Senior and Long Term Care Division. This change package requests \$3,602,510 in total funds with \$1,041,152 in general fund.
- (LFD book, page B-125)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 342,119	\$ -	\$ 850,765	\$ 1,192,884
FY 2017	\$ 699,032	\$ -	\$ 1,710,594	\$ 2,409,626
Biennium Total	\$ 1,041,151	\$ -	\$ 2,561,359	\$ 3,602,510

NP 222211 PRI Med Ben Money Follows the Person

- This new proposal requests a 2% provider rate increase in each year of the biennium for Medicaid Benefits Money Follows the Person in the Senior and Long Term Care Division. This change package seeks \$142,778 in total funds with \$41,264 in general fund.
- (LFD book, page B-124)

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	\$ 13,559	\$ -	\$ 33,718	\$ 47,277
FY 2017	\$ 27,705	\$ -	\$ 67,795	\$ 95,500
Biennium Total	\$ 41,264	\$ -	\$ 101,513	\$ 142,777

LEGISLATION

LC0560 HB_____ REVISE LAWS RELATED TO STATE VETERAN'S HOME ADMISSION OF GOLD STAR PARENTS

Amend Sections 10-2-401 and 10-2-403, MCA, to include the option to admit parents of veterans any of whose children died while serving in the Armed Forces of the United States. Currently the facilities can admit spouses or surviving spouses, but do not allow the admission of parents of deceased children that died while serving in the Armed Forces. Historically those parents have been referred to as Gold Star parents, mothers and fathers who have lost a child during military service.

Sponsor Representative Ed Lieser

HB 5 Long Range Building- Replace boiler and 2 domestic water heaters with a high efficiency heating system at Montana Veterans Home. \$331,500 LRBP.

LANGUAGE

“County Nursing Home Intergovernmental Transfer may be used only to make one-time payments to nursing homes based on the number of Medicaid services provided. State special revenue in County Nursing Home IGT may be expended only after the office of budget and program planning has certified that the department has collected the amount that is necessary to make one-time payments to nursing homes based on the number of Medicaid services provided and to fund the base budget in the nursing facility program and the community services program at the level of \$564,785 from counties participating in the intergovernmental transfer program for nursing facilities.”